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10/550,247		128	3771	SAIME 3.3-004

APPLICANTS

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**** CONTINUING DATA ***** /KCM/**

This application is a 371 of PCT/IB04/01298 03/24/2004
 which claims benefit of 60/495,923 08/18/2003

**** FOREIGN APPLICATIONS ***** /KCM/**

FRANCE 03/03538 03/24/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance KCM Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	3	16	3

ADDRESS

/KCM/ /KCM/

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TITLE

Breathing assistance apparatus

FILING FEE RECEIVED 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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